

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/ 596, 055

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3		1					53						
4		1					54						
5	1						55						
6	1						56						
7		1					57						
8		1					58						
9		2					59						
10		1					60						
11		1					61						
12		1					62						
13		4					63						
14		4					64						
15		4					65						
16		2					66						
17		2					67						
18		4					68						
19		2					69						
20		2					70						
21		4					71						
22		2					72						
23		2					73						
24		2					74						
25		2					75						
26		2					76						
27		2					77						
28		2					78						
29		2					79						
30		2					80						
31		2					81						
32		2					82						
33		2					83						
34		2					84						
35		2					85						
36		4					86						
37		4					87						
38		4					88						
39		4					89						
40		4					90						
41		4					91						
42		4					92						
43		4					93						
44		4					94						
45		4					95						
46		4					96						
47		4					97						
48							98						
49							99						
50							100						
TOTAL IND.	4	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	117	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	121						TOTAL CLAIMS						